## L 22 000351/38

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A. RIVERS JAN 27 2023



## **COVER LETTER**

TO: Registration So Division of Cor			<b>,</b>
GENERAL	TION CONSULTING, LLC		
SUBJECT:	Name of Lim	nited Liability Company	<del></del> .
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wendell M. Wilmoth Jr.		
		Name of Person	<del></del>
	GENERATION CONSUL	TING, LLC	
		Firm/Company	
	15 NW 118th Street		
		Address	
	Miami, FL 33168		
		City/State and Zip Code	
	marvin.wilmoth@gmail.co		
	E-mail address: (	to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
W. Marvin Wilmoth Jr.		917 331-0136 at ( )	
Name o	f Person		me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENERATION CONSULTING, LLC		
( <u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on August 9, 2022	and assigned
Florida document number L22000351138	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Intersection Ventures LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new register
Name of New Registered Agent:		21 21 CREET
New Registered Office Address:		~# ~ <b>*</b>
ress registered Office Address.	Enter Florida street address	
	, Florid	
<del></del>	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			Remove
			□Change

	ition, enter change(s) here: (Attach additional sheets, ij	
<del></del> -		
<del></del>		
Effective date, if other than the fan effective date is listed, the date must be locument's effective date on the D	date of filing:	optional) s after filing.) Pursuant to 605.0207 s, this date will not be listed as
record specifies a delayed effectiv d is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
November I	2022	
	Signature of a member or authorized representative of a member	
	W M. NIMOTHIT	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00